

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov

Ruth Ann Terry, MPH, RN
Executive Officer

DIVERSION EVALUATION COMMITTEES

The Board of Registered Nursing is now accepting applications for its Diversion Evaluation Committees (DEC's). These committees, which are composed of nurses, physicians and public members, are integral parts of the Board's Diversion Program for chemically dependent and mentally impaired nurses.

In making a determination to apply, the following factors should be considered:

EXPERTISE - Members must have demonstrated expertise in the field of chemical dependency and/or mental health.

TIME - A minimum of six days per year will be required for committee meetings. Committee members must be available for telephone consultation with program staff relative to program participants and other program issues. The appointments are for a term of two to four years.

FINANCIAL REIMBURSEMENT - Committee members will be reimbursed for travel expense (i.e., transportation, meals and lodging at the prevailing state rate) and will receive \$100/day per diem for each committee meeting and \$100 for preparation for the meeting.

RESPONSIBILITIES - Evaluate and determine which registered nurses will be admitted to the program; develop a rehabilitation plan for each participant; determine whether the participant may with safety continue or resume the practice of nursing; and receive and review information pertaining to program participants.

CONFLICT OF INTEREST - The Diversion Program is contracted to a private contractor outside of State service. DEC members cannot be involved in other program components, e.g., nurse consultant, contractor staff, etc.

If you have any questions regarding the application or the Diversion Program, please call the program manager at (916) 324-2986.

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APPLICATION****PLEASE PRINT OR TYPE****NAME:** _____**ADDRESS:** _____**City:** _____ **State:** _____ **Zip:** _____**PHONE:** _____**Work****Home****Category for which you are applying:** ☐ ***Nurse** ☐ **Physician** ☐ **Public Member*****California License Number:** _____ **Social Security Number:** _____**(License must be current and active status)***Area(s) of Expertise:** ☐ **Chemical Dependency** ☐ **Mental Health****In the space provided below, briefly summarize your professional, educational and/or personal experience which documents your expertise:**

In the space provided below, give your philosophical beliefs relative to the treatment of chemical dependency.

I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES, TIME COMMITMENTS AND REIMBURSEMENT OF DIVERSION EVALUATION COMMITTEE MEMBERS.

Signature _____

Date _____

SUBMIT COMPLETED APPLICATION AND RESUME TO:

**Diversion Program Manager
Board of Registered Nursing
400 R Street, Suite 4030
Sacramento, CA 95814-6239**